

Figure 1

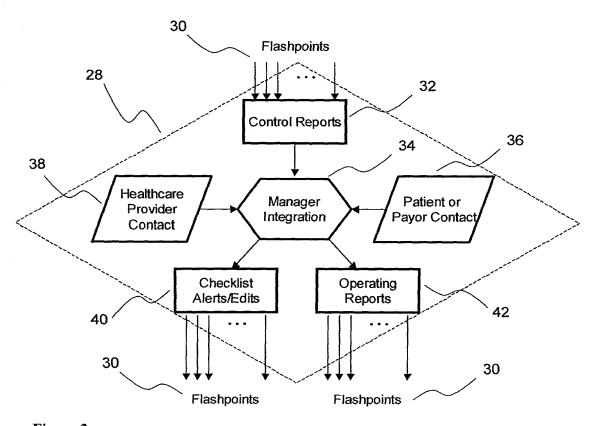


Figure 2





Flashpoint	Activities	Required Information
PRE-	Must complete required demographic	1. Report of information
REGISTRATION	fields. Minimum fields.	needed prior to service.
	2. Must complete insurance information.	2. Report of information
	3. Interface with scheduling and other	needed by patient in
	departments i.e., surgery, laboratory, x-	date of service order
	ray, etc.	i.e. authorization,
	4. Alerts to complete authorization process.	demographics,
	5. Alerts to complete insurance verification	insurance information,
	process. Interactive online with	etc.
	Medicare, Card and other electronic	
	payors.	
	6. Automated Checklist	
	7. Automated Deposit Calculation	

Figure 3a

INCOMPLETE PRE-REGISTRATION REPORT

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Planned Date	Account #	Name	Type of Service	Outstanding Item	Responsible Party	

Figure 3b





Flashpoint	Activities	Required Information
ADMISSION/	1. Obtain all open items when patient	1. Report of all open
REGISTRATION	presents.	missing items for
	2. Automated checklist of required	that day of service.
	information.	2. Day end report of
} E	a. Signed forms	incomplete
	b. Scanned copy of insurance card	registrations.
	c. Carrier specific forms signed.	
	3. Payor specific edits, i.e. 72 hour rule,	
	observation, etc.	
	4. Assigns all profiles.	
	5. Automated deposit calculation.	

Figure 4a

INCOMPLETE REGISTRATION REPORT

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Date of Admit	Account #	Name	Type of Service	Outstanding Item	Responsible Party

Figure 4b

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Flashpoint	Activities	Required Information
IN-HOUSE	Benefit depletion review	1. Report of potential
	2. Re-certification/Authorization alerts	benefit problem.
		2. Report of potential
		authorization
		problems.
		3. Report of incomplete
		information patients.

Figure 5a

BENEFIT DEPLETION REPORT

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Account #	Name	FC	Admit Date	Balance	Max Benefit \$	Days Max	Responsible Party

Figure 5b

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CERTIFICATIONS/AUTHORIZATIONS EXPIRING REPORT

Date Expires	Account #	Name	Balance	Admit Date	FC	Ins. Co.	Phone #	Responsible Party

Figure 50

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Flashpoint	F	Activities		,			Required Inform	nation
DISCHARGE	3 1	. Formal dis	scharge e	dit wi	th outstan	ding	1. List of daily	
		items high	lighted.				discharges.	
	2	2. Apply all	billing ed	its.			2. List of inform	nation
							needed.	
							3. Medical reco	rds
							reports to pri	oritize
							outstanding u	ncoded
e X							accounts.	
Figure 6a URGENT IN	Admit	ATION OUT	TSTAND Name	ING	Days	Info.	72 Responsible	
Figure 6b	Date				to Bill	Needed	Party	
					,			
Figure 6b		<u> </u>				<u> </u>		

URGENT INFORMATION OUTSTANDING REPORT

Admit Date	Account #	Name	FC	Days to Bill	Info. Needed	Responsible Party
				,		

DISCHARGE BILLING EDITS REPORT

Billing Date	Account #	Name	FC	Balance	Info. Needed/Edit	Responsible Party

Figure 6c

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Flashpoint	Activities	Required Information
SUSPENSE	Work all billing edits.	1. Error report.

Figure 7a

SUSPENSE REPORT

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der der Berle	Billing Date	Days Beyond Billing Date	Account #	Name	FC	Balance	Info. Needed/Edit	Responsible Party
	Figure 7b	\bigvee	80	<u></u>				
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Flashpoint	Activities	Required Information
BILLING	Separates and directs claim	1. Report of all claims old
	electronically if possible.	enough to bill but not
	2. Hard copy claims are dropped by type.	clearing edits.
	3. Account is updated with receipt stamp	2. Listing of all billed
	indicating claim was received or mailed.	claims by day.
	4. Account is tagged for follow-up date per	3. A report/log is
	profile.	maintained by payor
	5. Automatic adjustment is made to each	for adjustments to each
	account based upon the profiled	account is detailed.
	insurance.	4. Reconciliation to all
		out-patient registration
		and discharges.
Figure 8		
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Figure 8		

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Flashpoint	Activities	Required Information
FOLLOW-UP/	1. Automated tickler file with	Follow-up listing based upon
COLLECTIONS	follow-ups.	criteria including:
		a. Account age
		b. Financial class
		c. Balance
		d. Account groupings
		2. Report of all accounts with
		variances to original denials.

FOLLOW-UP REPORT

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					variance	s to or	nginal denials.
Figur FOLI	e 9a			•			
				,	, 94	۶ ر	98
FOLI	LOW-UP RI	EPORT		\sim			
	Account #	Name	Discharge Date	Follow–Up Date	Days Out	FC	Responsible Party
-							
Figur	e 9b						
CON	FRACTUAI	L ADJUST	MENT EXCE	PTION REPO	RT		

CONTRACTUAL ADJUSTMENT EXCEPTION REPORT

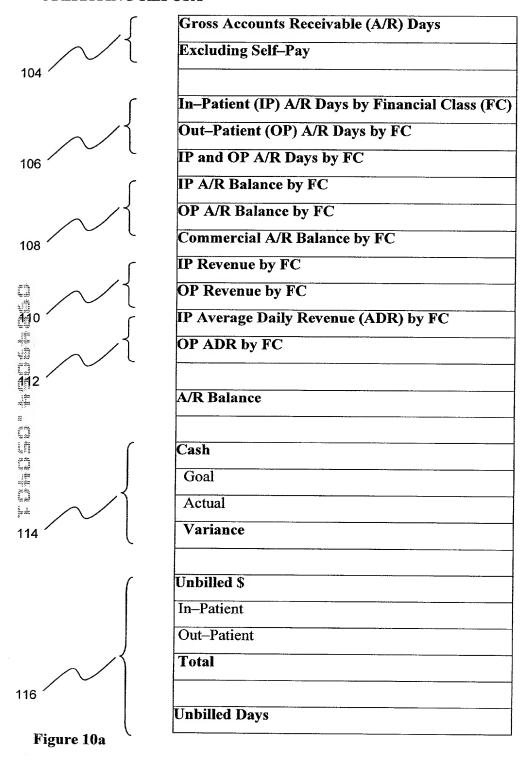
Account #	Name	Expected Payment	Actual Payment	Variance	Current Balance	Ins. Co.

Figure 9c

FOLLOW-UPS BY REPRESENTATIVE REPORT

100	_ Represe	ntative :				
100	Account #	Name	FC	Discharge Date	Balance	Scheduled Follow-Up Date
Figure 9d				1	102	

OPERATING REPORT



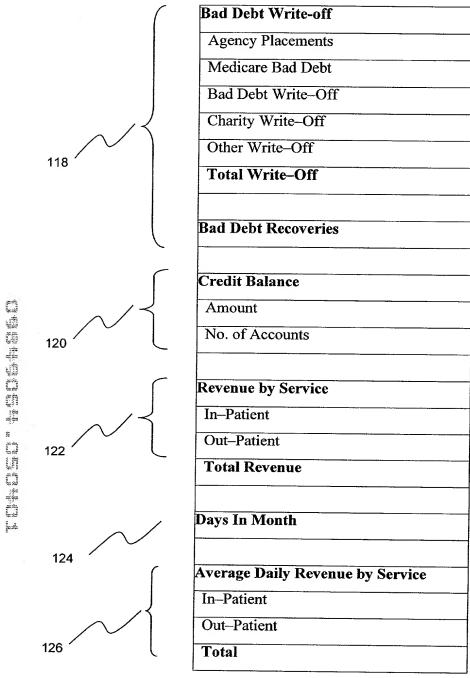
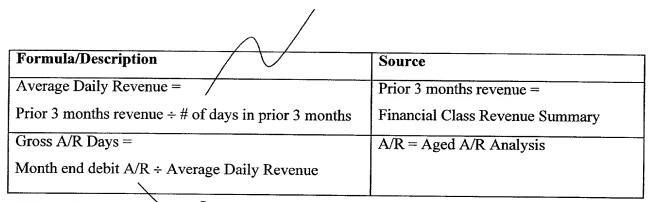


Figure 10b



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Figure 11a

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Revenue Item	Standard for Comparison
Gross A/R Days	52
Medicare Days	32
Medicaid Days	45
Blue Cross Days	35
Commercial HMO/PPO Days	57
Self-Pay Days	62
In-Patient Days	50
Out-Patient Days	60
Ambulatory Surgery Days	48
Emergency Room Days	57
Clinic Days	30

Figure 11b

Formula/Description This figure represents the total debit accounts	Source	Standard
This figure represents the total debit accounts		
This righte represents the total debit accounts	Aged A/R	ADR x 52
receivable. Excludes credits and bad debts.	Analysis	
	(Total)	
Total number of patient accounts with outstanding	Aged A/R	2 x prior 2
debit balances as of month end.	Analysis	months
		average #
		of total
		visits.
The aggregate dollar amount of patient accounts	Report	Not to
with open credit balances.	Generator	exceed 1.5
		x average
		daily
		revenue,
		no credits
		over 6
		months
		old.
The number of patient accounts comprising the	Report	N/A
credit balance accounts indicates the volume of	Generator	
work needed to resolve outstanding credit balance.		
	Total number of patient accounts with outstanding debit balances as of month end. The aggregate dollar amount of patient accounts with open credit balances. The number of patient accounts comprising the credit balance accounts indicates the volume of	Total number of patient accounts with outstanding debit balances as of month end. The aggregate dollar amount of patient accounts with open credit balances. Report Generator The number of patient accounts comprising the credit balance accounts indicates the volume of Generator

Figure 12a

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	Item	Formula/Description	Source	Standard
	Total	The dollars of charges that have been	Unbilled report as	5 x
	Unbilled \$	discharged (excludes in-house) but not	of month end plus	average
Hade the state of		billed. An important indicator of future	account dollars at	daily
		cash flow and accounts receivable	the biller's desk	revenue
		resolution delays.	not sent as of	
			month end.	
	Unbilled	The unbilled dollars represented by	Unbilled report as	2 x
	Over	patient accounts that have passed	of month end plus	average
	Suspense	beyond the four days of suspense but	account dollars at	daily
		remain unbilled.	the biller's desk	revenue
			not sent as of	
			month end.	
	Unbilled	Total Unbilled \$ ÷ Total Average Daily	Total Unbilled \$	4
	Days	Gross Revenue = Unbilled Days.	per this report.	
		The unbilled, discharged accounts	Total average	
		expressed in number of days of revenue.	daily revenue per	
			this report.	

Figure 12b

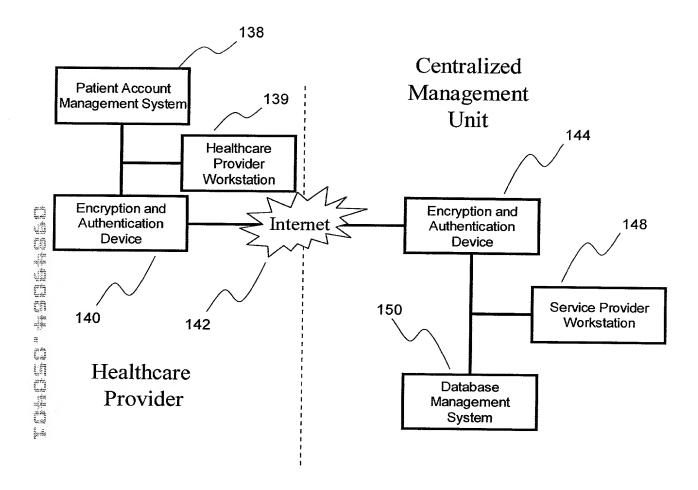


Figure 13

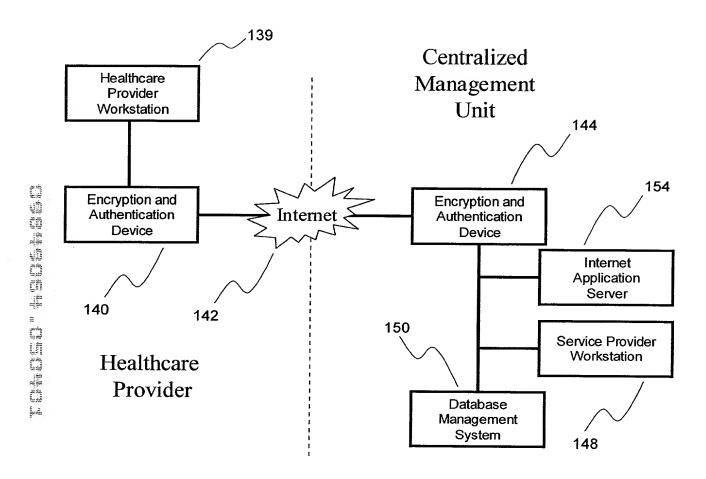


Figure 14